STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

FERTILIZER APPLICATION LOG

Name of Applicator: ____________________________________________________________

Maintained by Local Maintenance Agreement: Yes____ No____ FDOT Employee: Yes____ No____

Date Applicator completed training with Green Industries Best Management Practices: ________________

Name of Contractor Company: ______________________________________________________

Contract Number: ______________ Financial Project Number (FPID#): _________________________

Applicator’s License Number: ____________ Expire Date: ______________

Fertilizer meet all the requirements of Section 982, Standard Specifications: Yes ________ No ______

Fertilizer Manufacture: __________________________ Wind Speed: ______________

Type of Fertilizer: Liquid ________ Granular ________ Other ________

Organic ________ Inorganic ________

Labeling of Percent of Fertilizer: Nitrogen ________ Phosphorus ________ Potassium ________

Fast Release Source: __________________________ Slow Release Source: ______________________

Method of Application: __________________________ Rate of Application: ______________________

Amount of Fertilizer Applied: Gallons ______________ Pounds _________________________

Target Area: Acres: __________________________ Square foot: _________________________

Type of Maintenance Activity: _______________________________________________________

(Routine; shoulder work, sod replacement, landscape, or bold landscape project)

Target: Turf ________ Landscape Shrubs ________ Flowers ________ Trees ________ Palms ________

State Road Number: _________________________

State Road Id: County ______________ Section ____________________ Subsection ______________

Location of Application: _____________________________________________________________

(Side of Road, north, south, east, west; Median)

Mile Marker or GPS Location: Begin ___________________________ End _______________________